



**News Flash** – Suppliers submitting a bid for a product category in a competitive bidding area (CBA) must meet all state licensure requirements for DMEPOS and other applicable state licensure requirements, if any, for that product category for every state in that CBA. Prior to submitting a bid for a CBA and product category, the supplier must have a copy of the applicable state licenses on file with the National Supplier Clearinghouse (NSC). Suppliers must be accredited for a product category to submit a bid for that product category. Suppliers subject to the surety bond requirement must be bonded in order to bid. For more information on the Medicare DMEPOS Competitive Bidding Program please visit <http://www.cms.hhs.gov/CompetitiveAcqforDMEPOS/> on the CMS website.

MLN Matters® Number: MM6491

Related Change Request (CR) #: 6491

Related CR Release Date: June 26, 2009

Effective Date: July 27, 2009

Related CR Transmittal #: R295PI

Implementation Date: July 27, 2009

## Revisions to Certain Items in CMS Change Request 6310

### Provider Types Affected

Physicians, suppliers and other providers who bill Medicare carriers or Medicare Administrative Contractors (MACs)

### Provider Action Needed

This article, based on CR 6491, clarifies manual instructions found in the Centers for Medicare & Medicaid Services' (CMS) CR 6310.

### Background

The Medicare Program Integrity Manual, chapter 10, section 13, available at <http://www.cms.hhs.gov/manuals/downloads/pim83c10.pdf> on the CMS website, contains information about deactivations, reactivations and revocations of Medicare billing privileges and their respective effective dates. Portions of this manual chapter are being revised by CR6491 and those changes are summarized below:

#### Disclaimer

This article was prepared as a service to the public and is not intended to grant rights or impose obligations. This article may contain references or links to statutes, regulations, or other policy materials. The information provided is only intended to be a general summary. It is not intended to take the place of either the written law or regulations. We encourage readers to review the specific statutes, regulations and other interpretive materials for a full and accurate statement of their contents.

- Medicare contractors will ensure that a supplier that has had its Medicare billing privileges reactivated does not become subject to a second deactivation for non-billing within 30 days of the reactivation.
- For physicians, physician assistants, nurse practitioners, clinical nurse specialists, certified registered nurse anesthetists, certified nurse-midwives, clinical social workers, clinical psychologists, registered dietitians or nutrition professionals, or organizations (e.g., group practices) consisting of any of the aforementioned categories of individuals, Medicare contractors will establish the reactivation effective date as the later of: (a) the filing of a Medicare enrollment application that was subsequently approved by a Medicare contractor, or (b) the date the supplier first started furnishing services at a new practice location, unless the supplier has at least one other enrolled practice location (under the same TIN) for which it is actively billing Medicare, the contractor shall establish and enter the reactivation effective date as either: (a) the date the supplier first saw a Medicare patient at the location indicated on the CMS-855, or (b) the same date as the non-billing end-date in MCS, whichever is later.
- If the individual (physicians, physician assistants, nurse practitioners, clinical nurse specialists, certified registered nurse anesthetists, certified nurse-midwives, clinical social workers, clinical psychologists, registered dietitians or nutrition professionals or organizations (e.g., group practices) consisting of any of the aforementioned categories of individuals) or organizational supplier reports a change in practice location more than 30 days after the effective date of the change, the supplier's billing privileges are not revoked on this basis. However, if the Medicare contractor independently determines, through an on-site inspection under 42 CFR Section 424.535(a)(5)(ii) or via another verification process, that the individual's or organization's address has changed and the supplier has not notified the contractor of this within the aforementioned 30-day timeframe, the supplier's billing privileges may be revoked.

## Additional Information

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If you have questions, please contact your Medicare carrier and/or MAC at their toll-free number which may be found at <http://www.cms.hhs.gov/MLNProducts/downloads/CallCenterTollNumDirectory.zip> on the CMS website. The official instruction, CR 6491, issued to your Medicare carrier and/or MAC regarding this change may be viewed at <http://www.cms.hhs.gov/Transmittals/downloads/R295PI.pdf> on the CMS website. Attached to the CR are the revised portions of the Program Integrity Manual.

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